IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In at Application of

Matthew A. Howard, III

Serial No.

09/661,153

Group Art Unit: 3763

Confirm. No.: 7887

Examiner: Catherine Serke

Filed:

September 13, 2000

Customer No.: 34610

For:

STEREOTACTIC HYPOTHALAMIC OBESITY PROBE

U.S. Patent and Trademark Office 2011 South Clark Place Customer Window, Mail Stop Non-Fee Amendment Crystal Plaza Two, Lobby, Room 1B03 Arlington, VA 22202

Dear Sir:

Transmitted herewith is an Amendment and/or Reply in the above identified application.

[X] No additional fee is required.

Also attached:

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	38	40	0	x \$18 =	0
Independent Claims	4	4	0	x \$84 =	0
		If multiple claims newly presented, add \$280.00			
		Fee for extension of t	ime		
		TOTAL FEE DUE			0

submitted herewith.	[}	Please charge my Deposit Account N submitted herewith.	Io. <u>16-0607</u> in the amount of \$.	An additional copy of this transmittal sheet i
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[] A check in the amount of \$ ____ (Check #____) is attached.

[X] The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 16-0607, including any filing fees under 37 C.F.R. 1.16 for presentation of extra claims and any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted, FLESHNER & KIM, LLP

- Clery

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